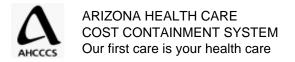
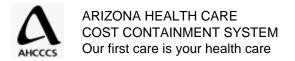


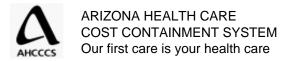
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|-----------|---|-------------------------|------------------|-----------|
| PROC      | DESCRIPTION   | NON FAC<br>RATE<br>2009 | FAC RATE<br>2009 | EFF DATE  |
| 90901     | BIOFEEDBACK TRAINING BY ANY MODALITY  | \$34.48                 | \$18.49          | 2/1/2009  |
|           | BIOFEEDBACK TRAINING, PERINEAL MUSCLES,   | ·                       |                  |           |
| 90911     | ANORECTAL OR URETHRAL SPHINCTER,  | \$84.56                 | \$42.08          | 2/1/2009  |
|           | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE,  |                         |                  |           |
| 95004     | PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIAT   | \$5.44                  | \$5.44           | 2/1/2009  |
|           | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE,  |                         |                  |           |
| 95010     | PRICK) SEQUENTIAL AND INCREMENTAL, WITH D   | \$16.81                 | \$16.81          | 2/1/2009  |
| 95012     | NITRIC OXIDE EXPIRED GAS DETERMINATION  | \$18.15                 | \$18.15          | 2/1/2009  |
| 95015     | INTRACUTANEOUS (INTRADERMAL) TESTS,<br>SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOL | \$11.74                 | \$11.74          | 2/1/2009  |
|           | INTRACUTANEOUS (INTRADERMAL) TESTS WITH   |                         |                  |           |
| 95024     | ALLERGENIC EXTRACTS, IMMEDIATE TYPE REAC  | \$6.53                  | \$6.53           | 2/1/2009  |
| 95027     | INTRACUTANEOUS (INTRADERMAL) TESTS,<br>SEQUENTIAL AND INCREMENTAL, WITH ALLERGENIC  | \$5.07                  | \$5.07           | 2/1/2009  |
| 0.5000    | INTRACUTANEOUS (INTRADERMAL) TESTS WITH   | <b>*</b> 4 0 4 <b>-</b> | <b>0.10.1</b>    | 0/4/0000  |
| 95028     | ALLERGENIC EXTRACTS, DELAYED TYPE   | \$10.17                 | \$10.17          | 2/1/2009  |
| 95044     | PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)                              | \$6.90                  | \$6.90           | 2/1/2009  |
| 95052     | PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)                                       | \$7.60                  | \$7.60           | 2/1/2009  |
| 95056     | PHOTO TESTS   | \$26.16                 | \$26.16          | 2/1/2009  |
| 95060     | OPHTHALMIC MUCOUS MEMBRANE TESTS  | \$20.31                 | \$20.31          | 2/1/2009  |
| 95065     | DIRECT NASAL MUCOUS MEMBRANE TEST   | \$16.69                 | \$16.69          | 2/1/2009  |
| 95070     | INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY           | \$57.02                 | \$57.02          | 2/1/2009  |
| 95071     | INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY           | \$71.55                 | \$71.55          | 2/1/2009  |
| 95075     | INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS,       | \$59.59                 | \$43.98          | 2/1/2009  |
| 95115     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLE    | \$11.96                 | \$11.96          | 2/1/2009  |
| 95117     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF         | \$14.87                 | \$14.87          | 2/1/2009  |
| 95120     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS          | \$17.59                 | \$17.59          | 2/1/2009  |
| 95125     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS          | \$35.18                 | \$35.18          | 2/1/2009  |
| 95130     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS          | BR                      | BR               | 10/1/1982 |
| 95131     | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS          | \$12.31                 | \$12.31          | 2/1/2009  |



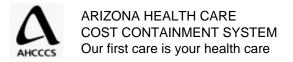
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| DESCRIPTION  | RATE<br>2009   | FAC RATE<br>2009   | EFF DATE   |
|  | \$14.57  | \$14.57  | 2/1/2009   |
| PROFESSIONAL SERVICES FOR ALLERGEN   | \$16.83  | \$16.83  | 2/1/2009   |
| PROFESSIONAL SERVICES FOR ALLERGEN   |  |  |  |
| IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS  | \$22.36  | \$22.36  | 2/1/2009   |
| PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF        | \$10.58  | \$2.95   | 2/1/2009   |
| PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF        | \$14.57  | \$3.14   | 2/1/2009   |
| PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF        | \$22.54  | \$2.95   | 2/1/2009   |
| PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF        | \$21.84  | \$2.95   | 2/1/2009   |
| PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF        | \$30.56  | \$2.95   | 2/1/2009   |
| PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF        | \$40.37  | \$2.95   | 2/1/2009   |
| PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF        | \$10.58  | \$2.95   | 2/1/2009   |
| PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF        | \$8.39   | \$2.95   | 2/1/2009   |
| RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, EQUINE      | \$134.58   | \$98.24  | 2/1/2009   |
| UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE                       | BR   | BR   | 10/1/1982  |
| Actigraphy testing, recording analysis, interpretation, and report (minimum of 7 | BR   | BR   | 1/1/2009   |
| MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSI | \$517.99   | \$517.99   | 2/1/2009   |
| SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR   | \$200.28   | \$200.28   | 2/1/2009   |
| SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR   |  | \$510.80   | 2/1/2009   |
| POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3  |  |  | 2/1/2009   |
|  | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF PREPARATION AND P | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF PREPARATION AND PRO | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF PR |



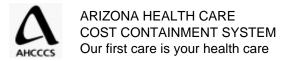
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|-----------|---|-------------------------|------------------|----------|
| PROC      | DESCRIPTION   | NON FAC<br>RATE<br>2009 | FAC RATE<br>2009 | EFF DATE |
| 95810     | POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP,                               | \$775.63                | \$775.63         | 2/1/2009 |
| 95811     | POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP,                               | \$852.51                | \$852.51         | 2/1/2009 |
| 95812     | ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES   | \$221.93                | \$221.93         | 2/1/2009 |
| 95813     | ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR ELECTROENCEPHALOGRAM (EEG); INCLUDING | \$273.29                | \$273.29         | 2/1/2009 |
| 95816     | RECORDING AWAKE AND DROWSY  ELECTROENCEPHALOGRAM (EEG); INCLUDING   | \$204.16                | \$204.16         | 2/1/2009 |
| 95819     | RECORDING AWAKE AND ASLEEP  ELECTROENCEPHALOGRAM (EEG); RECORDING IN  | \$206.69                | \$206.69         | 2/1/2009 |
| 95822     | COMA OR SLEEP ONLY  | \$225.88                | \$225.88         | 2/1/2009 |
| 95824     | ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY  | \$57.29                 | \$57.29          | 2/1/2009 |
| 95827     | ELECTROENCEPHALOGRAM (EEG); ALL NIGHT<br>RECORDING<br>ELECTROCORTICOGRAM AT SURGERY (SEPARATE               | \$300.75                | \$300.75         | 2/1/2009 |
| 95829     | PROCEDURE)  | \$1,234.73              | \$1,234.73       | 2/1/2009 |
| 95830     | INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC                                 | \$173.48                | \$80.47          | 2/1/2009 |
| 95831     | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)<br>WITH REPORT; EXTREMITY (EXCLUDING HA                         | \$25.31                 | \$13.68          | 2/1/2009 |
| 95832     | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)<br>WITH REPORT; HAND, WITH OR WITHOUT                           | \$23.10                 | \$14.38          | 2/1/2009 |
| 95833     | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)<br>WITH REPORT; TOTAL EVALUATION OF                             | \$35.59                 | \$22.51          | 2/1/2009 |
| 95834     | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)<br>WITH REPORT; TOTAL EVALUATION OF                             | \$41.89                 | \$29.15          | 2/1/2009 |
| 95851     | RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY                                | \$16.84                 | \$7.75           | 2/1/2009 |
| 95852     | RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR                                 | \$13.16                 |                  | 2/1/2009 |
| 95857     | TENSILON TEST FOR MYASTHENIA GRAVIS;  NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY                                | \$39.65                 | \$25.12          | 2/1/2009 |
| 95860     | WITH OR WITHOUT RELATED PARASPINAL AREAS  | \$80.99                 | \$80.99          | 2/1/2009 |



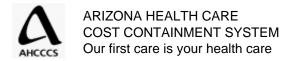
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|----------------|--|-------------------------|--------------------|----------|
| PROC           | DESCRIPTION  | NON FAC<br>RATE<br>2009 | FAC RATE<br>2009   | EFF DATE |
| 95861          | NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES<br>WITH OR WITHOUT RELATED PARASPINAL         | \$110.80                | \$110.80           | 2/1/2009 |
| 95863          | NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES<br>WITH OR WITHOUT RELATED PARASPINAL       | \$132.86                | \$132.86           | 2/1/2009 |
| 95864          | NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL           | \$159.77                | \$159.77           | 2/1/2009 |
| 95865          | NEEDLE ELECTROMYOGRAPHY; LARYNX NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM                 | \$106.85                | \$106.85           | 2/1/2009 |
| 95866<br>95867 | NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE<br>SUPPLIED MUSCLE(S), UNILATERAL               | \$81.92<br>\$66.34      | \$81.92<br>\$66.34 | 2/1/2009 |
| 95868          | NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE<br>SUPPLIED MUSCLES, BILATERAL                  | \$91.30                 | \$91.30            | 2/1/2009 |
| 95869          | NEEDLE ELECTROMYOGRAPHY; THORACIC<br>PARASPINAL MUSCLES (EXCLUDING T1 OR T12)          | \$39.13                 | \$39.13            | 2/1/2009 |
| 95870          | NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF<br>MUSCLES IN ONE EXTREMITY OR NON-LIMB      | \$38.39                 | \$38.39            | 2/1/2009 |
| 95872          | NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE                | \$151.16                | \$151.16           | 2/1/2009 |
| 95873          | ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST S       | \$38.76                 | \$38.76            | 2/1/2009 |
| 95874          | NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST        | \$38.05                 | \$38.05            | 2/1/2009 |
| 95875          | ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR MUSCLE(S)          | \$93.02                 | \$93.02            | 2/1/2009 |
| 95900          | NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR,             | \$54.79                 | \$54.79            | 2/1/2009 |
| 95903          | NERVE CONDUCTION, AMPLITUDE AND<br>LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR,<br>WITH  | \$61.46                 | \$61.46            | 2/1/2009 |
| 95904          | NERVE CONDUCTION, AMPLITUDE AND<br>LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY         | \$47.81                 | \$47.81            | 2/1/2009 |
| 95920          | INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER<br>HOUR (LIST SEPARATELY IN ADDITION TO    | \$149.67                | \$149.67           | 2/1/2009 |
| 95921          | TESTING OF AUTONOMIC NERVOUS SYSTEM<br>FUNCTION: CARDIOVAGAL INNERVATION<br>(PARASYMPA | \$65.70                 | \$65.70            | 2/1/2009 |
| 95922          | TESTING OF AUTONOMIC NERVOUS SYSTEM<br>FUNCTION; VASOMOTOR ADRENERGIC INNERVATION      | \$77.37                 | \$77.37            | 2/1/2009 |



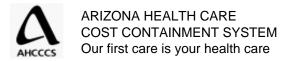
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| PROC      | DESCRIPTION   | NON FAC<br>RATE<br>2009 | FAC RATE<br>2009 | EFF DATE |
| 95923     | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE  | \$109.64                | \$109.64         | 2/1/2009 |
| 95925     | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP  | \$97.68                 | \$97.68          | 2/1/2009 |
| 95926     | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL  | \$96.23                 | \$96.23          | 2/1/2009 |
| 95927     | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL  | \$99.50                 | \$99.50          | 2/1/2009 |
| 95928     | CENTRAL MOTOR EVOKED POTENTIAL STUDY<br>(TRANSCRANIAL MOTOR STIMULATION); UPPER<br>CENTRAL MOTOR EVOKED POTENTIAL STUDY | \$178.77                | \$178.77         | 2/1/2009 |
| 95929     | (TRANSCRANIAL MOTOR STIMULATION); LOWER   | \$188.24                | \$188.24         | 2/1/2009 |
| 95930     | VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR   | \$101.63                | \$101.63         | 2/1/2009 |
| 95933     | ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING  | \$61.75                 | \$61.75          | 2/1/2009 |
| 95934     | H-REFLEX, AMPLITUDE AND LATENCY STUDY;<br>RECORD GASTROCNEMIUS/SOLEUS MUSCLE  | \$41.40                 | \$41.40          | 2/1/2009 |
| 95936     | H-REFLEX, AMPLITUDE AND LATENCY STUDY;<br>RECORD MUSCLE OTHER THAN  | \$38.53                 | \$38.53          | 2/1/2009 |
| 95937     | NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH   | \$52.36                 | \$52.36          | 2/1/2009 |
| 95950     | MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRALSEIZURE FOCUS ELECTR  | \$228.34                | \$228.34         | 2/1/2009 |
| 95951     | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR  | \$952.99                | \$952.99         | 2/1/2009 |
| 95953     | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE  | \$399.36                | \$399.36         | 2/1/2009 |
| 95954     | PHARMACOLOGICAL OR PHYSICAL ACTIVATION<br>REQUIRING PHYSICIAN ATTENDANCE DURING   | \$243.36                | \$243.36         | 2/1/2009 |
| 95955     | ELECTROENCEPHALOGRAM (EEG) DURING<br>NONINTRACRANIAL SURGERY (EG, CAROTID<br>SURGERY)                                   | \$133.12                | \$133.12         | 2/1/2009 |
| 95956     | MONITORING FOR LOCALIZATION OF CEREBRAL<br>SEIZURE FOCUS BY CABLE OR RADIO, 16 OR                                       | \$697.88                | \$697.88         | 2/1/2009 |
| 95957     | DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM<br>(EEG) (EG, FOR EPILEPTIC SPIKE  | \$225.47                | \$225.47         | 2/1/2009 |
| 95958     | WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING  | \$336.20                | \$336.20         | 2/1/2009 |



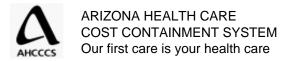
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| PROC      | DESCRIPTION   | NON FAC<br>RATE<br>2009 | FAC RATE<br>2009 | EFF DATE |
| 95961     | FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING<br>BY STIMULATION AND/OR RECORDING OF | \$220.03                | \$220.03         | 2/1/2009 |
| 95962     | FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING<br>BY STIMULATION AND/OR RECORDING OF | \$208.11                | \$208.11         | 2/1/2009 |
| 95965     | MAGNETOENCEPHALOGRAPHY (MEG), RECORDING<br>AND ANALYSIS; FOR SPONTANEOUS BRAIN    | BR                      | BR               | 1/1/2002 |
| 95966     | MAGNETOENCEPHALOGRAPHY (MEG), RECORDING<br>AND ANALYSIS; FOR EVOKED MAGNETIC      | BR                      | BR               | 1/1/2002 |
| 95967     | MAGNETOENCEPHALOGRAPHY (MEG), RECORDING<br>AND ANALYSIS; FOR EVOKED MAGNETIC      | BR                      | BR               | 1/1/2002 |
| 95970     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT  | \$47.56                 | \$20.68          | 2/1/2009 |
| 95971     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,      | \$51.05                 | \$35.44          | 2/1/2009 |
| 95972     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,      | \$96.98                 | \$70.81          | 2/1/2009 |
| 95973     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,      | \$52.62                 | \$42.82          | 2/1/2009 |
| 95974     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,      | \$161.03                | \$141.77         | 2/1/2009 |
| 95975     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,      | \$89.52                 | \$81.88          | 2/1/2009 |
| 95978     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,      | \$190.10                | \$163.20         | 2/1/2009 |
| 95979     | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,      | \$85.53                 | \$77.52          | 2/1/2009 |
| 95990     | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP  | \$58.78                 | \$58.78          | 2/1/2009 |
| 95991     | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY,     | \$83.74                 | \$33.62          | 2/1/2009 |



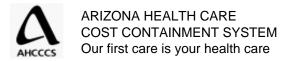
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|           |  | NON FAC  | FAC RATE |           |
| PROC      | DESCRIPTION  | RATE     | 2009     | EFF DATE  |
|           |  | 2009     | 2000     |           |
|           | Canalith repositioning procedure(s) (eg, Epley maneuver, |          |          |           |
| 95992     | Semont maneuver), per d                                  | \$38.38  | \$34.38  | 2/1/2009  |
|           | UNLISTED NEUROLOGICAL OR NEUROMUSCULAR                   |          |          |           |
| 95999     | DIAGNOSTIC PROCEDURE                                     | BR       | BR       | 10/1/1982 |
|           | COMPREHENSIVE COMPUTER-BASED MOTION                      |          |          |           |
| 96000     | ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;             | \$80.54  | \$80.54  | 2/1/2009  |
|           | COMPREHENSIVE COMPUTER-BASED MOTION                      |          |          |           |
| 96001     | ANALYSIS BY VIDEO-TAPING AND 3-D                         | \$96.07  | \$96.07  | 2/1/2009  |
|           | DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING                 |          |          |           |
| 96002     | WALKING OR OTHER FUNCTIONAL                              | \$18.82  | \$18.82  | 2/1/2009  |
|           | DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING               |          |          |           |
| 96003     | WALKING OR OTHER FUNCTIONAL                              | \$16.63  | \$16.63  | 2/1/2009  |
|           | PHYSICIAN REVIEW AND INTERPRETATION OF                   |          |          |           |
| 96004     | COMPREHENSIVE COMPUTER BASED MOTION                      | \$102.60 | \$102.60 | 2/1/2009  |
|           | NEUROFUNCTIONAL TESTING SELECTION AND                    |          |          |           |
| 96020     | ADMINISTRATION DURING NONINVASIVE IMAGING                | BR       | BR       | 1/1/2007  |
| 97001     | PHYSICAL THERAPY EVALUATION                              | \$66.67  | \$66.67  | 2/1/2009  |
| 97002     | PHYSICAL THERAPY RE-EVALUATION                           | \$35.70  | \$35.70  | 2/1/2009  |
| 97003     | OCCUPATIONAL THERAPY EVALUATION                          | \$71.40  | \$71.40  | 2/1/2009  |
| 97004     | OCCUPATIONAL THERAPY RE-EVALUATION                       | \$42.60  | \$42.60  | 2/1/2009  |
|           | APPLICATION OF A MODALITY TO ONE OR MORE                 |          |          |           |
| 97012     | AREAS; TRACTION, MECHANICAL                              | \$13.64  | \$13.64  | 2/1/2009  |
|           | APPLICATION OF A MODALITY TO ONE OR MORE                 |          |          |           |
| 97014     | AREAS; ELECTRICAL STIMULATION                            | \$12.85  | \$12.85  | 2/1/2009  |
|           | APPLICATION OF A MODALITY TO ONE OR MORE                 |          |          |           |
| 97016     | AREAS; VASOPNEUMATIC DEVICES                             | \$13.94  | \$13.94  | 2/1/2009  |
|           | APPLICATION OF A MODALITY TO ONE OR MORE                 |          |          |           |
| 97018     | AREAS; PARAFFIN BATH                                     | \$6.94   | \$6.94   | 2/1/2009  |
|           | APPLICATION OF A MODALITY TO ONE OR MORE                 |          |          |           |
| 97022     | AREAS; WHIRLPOOL   | \$15.76  | \$15.76  | 2/1/2009  |
|           | APPLICATION OF A MODALITY TO ONE OR MORE                 |          |          |           |
| 97024     | AREAS; DIATHERMY (EG, MICROWAVE)                         | \$4.77   | \$4.77   | 2/1/2009  |
|           | APPLICATION OF A MODALITY TO ONE OR MORE                 |          |          |           |
| 97026     | AREAS; INFRARED  | \$4.40   | \$4.40   | 2/1/2009  |
|           | APPLICATION OF A MODALITY TO ONE OR MORE                 |          |          |           |
| 97028     | AREAS; ULTRAVIOLET                                       | \$5.85   | \$5.85   | 2/1/2009  |
|           | APPLICATION OF A MODALITY TO ONE OR MORE                 |          |          |           |
| 97032     | AREAS; ELECTRICAL STIMULATION (MANUAL),                  | \$15.10  | \$15.10  | 2/1/2009  |
|           | APPLICATION OF A MODALITY TO ONE OR MORE                 |          |          |           |
| 97033     | AREAS; IONTOPHORESIS, EACH 15 MINUTES                    | \$21.99  | \$21.99  | 2/1/2009  |
|           | APPLICATION OF A MODALITY TO ONE OR MORE                 |          |          |           |
| 97034     | AREAS; CONTRAST BATHS, EACH 15 MINUTES                   | \$13.23  | \$13.23  | 2/1/2009  |
|           | APPLICATION OF A MODALITY TO ONE OR MORE                 |          | _        |           |
| 97035     | AREAS; ULTRASOUND, EACH 15 MINUTES                       | \$10.70  | \$10.70  | 2/1/2009  |



|                    | S apply.                                      |                         |   |          |
|--------------------|---|-------------------------|---|----------|
| PROC               | DESCRIPTION                                   | NON FAC<br>RATE<br>2009 | FAC RATE<br>2009                              | EFF DATE |
|                    | APPLICATION OF A MODALITY TO ONE OR MORE      | 2000                    |   |          |
| 97036              | AREAS; HUBBARD TANK, EACH 15 MINUTES          | \$23.47                 | \$23.47                                       | 2/1/2009 |
| 97030              | UNLISTED MODALITY (SPECIFY TYPE AND TIME IF   | Ψ25.47                  | Ψ23.47  | 2/1/2009 |
| 07000              | · ·   | <b>644.40</b>           | <b>644.40</b>                                 | 0/4/0000 |
| 97039              | CONSTANT ATTENDANCE)                          | \$11.13                 | \$11.13                                       | 2/1/2009 |
|                    |   |                         |   |          |
|                    | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,     |                         |   |          |
| 97110              | EACH 15 MINUTES; THERAPEUTIC EXERCISES        | \$26.13                 | \$26.13                                       | 2/1/2009 |
|                    | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,     |                         |   |          |
| 97112              | EACH 15 MINUTES; NEUROMUSCULAR                | \$27.25                 | \$27.25                                       | 2/1/2009 |
|                    |   |                         |   |          |
|                    | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,     |                         |   |          |
| 97113              | EACH 15 MINUTES; AQUATIC THERAPY WITH         | \$31.61                 | \$31.61                                       | 2/1/2009 |
| 07.110             | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,     | φσιιστ                  | φσ1.σ1  | 2/1/2000 |
| 97116              | EACH 15 MINUTES; GAIT TRAINING                | \$22.85                 | \$22.85                                       | 2/1/2009 |
| 97110              |   | φ22.00                  | φ22.00  | 2/1/2009 |
| 07404              | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,     |                         | 000.00  | 0/4/0000 |
| 97124              | EACH 15 MINUTES; MASSAGE, INCLUDING           | \$20.99                 | \$20.99                                       | 2/1/2009 |
| 97139              | UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)      | \$15.04                 | \$15.04                                       | 2/1/2009 |
|                    |   |                         |   |          |
|                    | MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/  |                         |   |          |
| 97140              | MANIPULATION, MANUAL LYMPHATIC                | \$24.34                 | \$24.34                                       | 2/1/2009 |
|                    | THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE    |                         |   |          |
| 97150              | INDIVIDUALS)                                  | \$16.55                 | \$16.55                                       | 2/1/2009 |
|                    | THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE)   |                         | ·   |          |
| 97530              | PATIENT CONTACT BY THE PROVIDER               | \$27.62                 | \$27.62                                       | 2/1/2009 |
| 07000              | TANLER GOTTAGE DE THE ETROVIDER               | Ψ27.02                  | Ψ27.02  | 2/1/2000 |
|                    | DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE    |                         |   |          |
| 07522              | ATTENTION, MEMORY, PROBLEM SOLVING,           | ¢22.54                  | ¢22 E4  | 2/4/2000 |
| 97532              |   | \$22.51                 | \$22.51                                       | 2/1/2009 |
| .==                | SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE     |                         | 000.00  | 0/4/0000 |
| 97533              | SENSORY PROCESSING AND PROMOTE                | \$23.96                 | \$23.96                                       | 2/1/2009 |
|                    | SELF-CARE/HOME MANAGEMENT TRAINING (EG,       |                         |   |          |
| 97535              | ACTIVITIES OF DAILY LIVING (ADL) AND          | \$27.99                 | \$27.99                                       | 2/1/2009 |
|                    | COMMUNITY/WORK REINTEGRATION TRAINING (EG,    |                         |   |          |
| 97537              | SHOPPING, TRANSPORTATION, MONEY               | \$25.08                 | \$25.08                                       | 2/1/2009 |
|                    | WHEELCHAIR MANAGEMENT (EG, ASSESSMENT,        |                         |   |          |
| 97542              | FITTING, TRAINING), EACH 15 MINUTES           | \$25.41                 | \$25.41                                       | 2/1/2009 |
|                    | · · · · · · · · · · · · · · · · · · ·         | ,                       | ·   |          |
| 97545              | WORK HARDENING/CONDITIONING; INITIAL 2 HOURS  | BR                      | BR  | 1/1/1993 |
|                    |   | <u> </u>                | 210   | ., .,    |
|                    | WORK HARDENING/CONDITIONING; EACH ADDITIONAL  |                         |   |          |
| 97546              | HOUR (LIST SEPARATELY IN ADDITION             | BR                      | BR  | 1/1/1993 |
| 913 <del>4</del> 0 | HOUN (LIGH OLI ANATELI IN ADDITION            | DR                      | DK  | 1/1/1993 |
|                    | DEMOVAL OF DEVITALIZED TICOUE EDOMANCE INDICA |                         |   |          |
|                    | REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S),  | <u> </u>                | <b>**</b> ** ** * * * * * * * * * * * * * * * | 01.100== |
| 97597              | SELECTIVE DEBRIDEMENT, WITHOUT ANES           | \$52.73                 | \$34.92                                       | 2/1/2009 |



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| PROC      | DESCRIPTION   | NON FAC<br>RATE<br>2009 | FAC RATE<br>2009 | EFF DATE  |
| 97598     | REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT         | \$65.26                 | \$45.28          | 2/1/2009  |
| 97602     | REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT     | BR                      | BR               | 1/1/2001  |
| 97605     | NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),          | \$32.02                 | \$24.75          | 2/1/2009  |
| 97606     | NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),          | \$34.62                 | \$27.35          | 2/1/2009  |
| 97750     | PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL           | \$27.25                 | \$27.25          | 2/1/2009  |
| 97755     | ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR          | \$31.38                 | \$31.38          | 2/1/2009  |
| 97760     | ORTHOTIC(S) MANAGEMENT AND TRAINING<br>(INCLUDING ASSESSMENT AND FITTING WHEN NOT O | \$29.77                 | \$29.77          | 2/1/2009  |
| 97761     | PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES               | \$26.50                 | \$26.50          | 2/1/2009  |
| 97762     | CHECKOUT FOR ORTHOTIC/PROSTHETIC USE,<br>ESTABLISHED PATIENT, EACH 15 MINUTES       | \$29.96                 | \$29.96          | 2/1/2009  |
| 97799     | UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE                      | BR                      | BR               | 10/1/1982 |
| 97802     | MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE    | \$26.16                 | \$25.79          | 2/1/2009  |
| 97803     | MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,              | \$23.18                 | \$22.81          | 2/1/2009  |
| 97804     | MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES         | \$13.27                 | \$12.89          | 2/1/2009  |
| 99000     | HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE     | \$11.97                 | \$11.97          | 2/1/2009  |
| 99001     | HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER       | \$17.95                 | \$17.95          | 2/1/2009  |
| 99002     | HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE               | \$35.18                 | \$35.18          | 2/1/2009  |
| 99050     | SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE H    | \$13.66                 | \$13.66          | 2/1/2009  |
| 99051     | SERVICE(S) PROVIDED IN THE OFFICE DURING<br>REGULARLY SCHEDULED EVENING, WEEKEND, O | BR                      | BR               | 1/1/2006  |
| 99053     | SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00<br>AM AT 24-HOUR FACILITY, IN ADDITIO | BR                      | BR               | 1/1/2006  |
| 99058     | SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER SC    | \$38.19                 | \$38.19          | 2/1/2009  |



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|-----------|---|-------------------------|------------------|-----------|
| PROC      | DESCRIPTION   | NON FAC<br>RATE<br>2009 | FAC RATE<br>2009 | EFF DATE  |
| 99060     | SERVICE(S) PROVIDED ON AN EMERGENCY BASIS,<br>OUT OF THE OFFICE, WHICH DISRUPTS OTH | BR                      | BR               | 1/1/2006  |
| 99170     | ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR SUSP TRAU    | \$125.59                | \$81.24          | 2/1/2009  |
| 99173     | SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL                            | \$2.54                  | \$2.54           | 2/1/2009  |
| 99175     | IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED                | \$35.10                 | \$35.10          | 2/1/2009  |
| 99183     | PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION      | \$188.46                | \$105.99         | 2/1/2009  |
| 99185     | HYPOTHERMIA; REGIONAL   | \$43.20                 | \$43.20          | 2/1/2009  |
| 99186     | HYPOTHERMIA; TOTAL BODY   | \$77.81                 | \$77.81          | 2/1/2009  |
| 99190     | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR           | \$99.28                 | \$99.28          | 2/1/2009  |
| 99191     | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR           | \$60.10                 | \$60.10          | 2/1/2009  |
| 99192     | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR           | \$44.77                 | \$44.77          | 2/1/2009  |
| 99195     | PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)  | \$55.20                 | \$55.20          | 2/1/2009  |
| 99199     | UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT                                       | BR                      | BR               | 10/1/1982 |
| G0248     | DEMONSTRATION, PRIOR TO INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH EIT    | \$182.39                | \$182.39         | 2/1/2009  |
| G0270     | MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S)              | \$23.18                 | \$22.81          | 2/1/2009  |
| G0271     | MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S)              | \$13.27                 | \$12.89          | 2/1/2009  |
| G0293     | NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR     | BR                      | BR               | 1/1/2003  |
| G0294     | NONCOVERED PROCEDURE(S) USING EITHER NO<br>ANESTHESIA OR LOCAL ANESTHESIA ONLY, IN  | BR                      | BR               | 1/1/2003  |
| S9435     | MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM                                       | BR                      | BR               | 1/1/2001  |
| S9451     | EXERCISE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION                               | \$76.00                 | \$76.00          | 2/1/2009  |
| S9470     | NUTRITIONAL COUNSELING, DIETITIAN VISIT   | BR                      | BR               | 1/1/2000  |
| S9975     | TRANSPLANT RELATED LODGING, MEALS AND TRANSPORTATION, PER DIEM                      | BR                      | BR               | 1/1/2003  |